

## CALIFORNIA CABG OUTCOMES REPORTING PROGRAM

818 K Street, Room 200  
Sacramento, California 95814  
(916) 322-9700 FAX (916) 322-9718

### Instructions for Using Online Forms


(Last Revised 5/04)

To assist you in submitting the required forms for the California CABG Outcomes Reporting Program (CCORP), OSHPD has provided all forms online in Adobe Acrobat® format, including:

CEO Designee Form  
Hospital Certification Form  
Extension Request Form  
Surgeon Certification Form

#### To use an online form:

You can enter the information online or save the form to your computer and fill it in later. To enter information, move your cursor to a specified field or tab through the form. When your cursor moves to an "active" field (that is, one where you can enter data), it changes from a hand to an "I" beam. Click in the field and enter the information.

**To save the form**, click the diskette icon on the Acrobat toolbar. ()

**To print the document**, click the Printer icon on the Acrobat toolbar or press Ctrl-P to open the printer dialog box.

#### To submit the form:

Sign the *Hospital Certification and Surgeon Certification Forms* and mail them **with** the data to OSHPD at:

Office of Statewide Health Planning and Development  
818 K Street, Suite 200  
Sacramento, CA 95814

You can fax the *Extension Request Form* and *CEO Designee Form* to:

916-322-9718